

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

(Continued)

Overpayment Amount Owed
(For Overpayments Occurring on or after 9-1-91 — 8-31-95)

Notice Date : _____
Case : _____
Name : _____
Number : _____

Overpayment Month and Year: _____

(A) Family Gross Income

_____	\$	_____	_____	_____	_____	_____
_____	+	_____	_____	_____	_____	_____
Total Gross Income (1)	=	_____	_____	_____	_____	_____
Basic Need for _____ Persons	\$	_____	_____	_____	_____	_____
Special Needs	+	_____	_____	_____	_____	_____
Total Needs	=	_____	_____	_____	_____	_____
	X	1.85	_____	_____	_____	_____
185% of Needs (2)	=	_____	_____	_____	_____	_____

If **(1)** is larger than **(2)**, you were not eligible in that month and all the cash aid you got is an overpayment. The amount of your overpayment is figured below.

(B) Net Countable Income

Total Earned Income	\$	_____	_____	_____	_____	_____
Work Expense Disregard	-	_____	_____	_____	_____	_____
\$30 and 1/3 Disregard	-	_____	_____	_____	_____	_____
Subtotal	=	_____	_____	_____	_____	_____
Dependent Care Disregard	-	_____	_____	_____	_____	_____
Other Countable Income (List Sources)		_____	_____	_____	_____	_____
	+	_____	_____	_____	_____	_____
	+	_____	_____	_____	_____	_____
Court Ordered Child/Spousal Support Paid	-	_____	_____	_____	_____	_____
Unmet Needs of Ineligible Alien(s)	-	_____	_____	_____	_____	_____
Net Countable Income	=	_____	_____	_____	_____	_____

(C) Correct Cash Aid Payment

Basic Need Amount (# persons) \$ Amount	()	()	()	()	()	()
Special Needs	+	_____	_____	_____	_____	_____
Net Countable Income	-	_____	_____	_____	_____	_____
Subtotal A	=	_____	_____	_____	_____	_____
Maximum Aid Payment (MAP)	\$	_____	_____	_____	_____	_____
Special Needs	+	_____	_____	_____	_____	_____
Subtotal B	=	_____	_____	_____	_____	_____
Other State's MAP _____	\$	_____	_____	_____	_____	_____
Special Needs (California)	+	_____	_____	_____	_____	_____
Subtotal C	=	_____	_____	_____	_____	_____

Correct Cash Aid Amount

(Lesser of Subtotal A, B or C)	\$	_____	_____	_____	_____	_____
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(D) Overpayment

Cash Aid Paid to You	\$	_____	_____	_____	_____	_____
Correct Cash Aid Amount	-	_____	_____	_____	_____	_____
Subtotal D	=	_____	_____	_____	_____	_____
Cash Aid Paid to You	\$	_____	_____	_____	_____	_____
Support Payments Collected for You	-	_____	_____	_____	_____	_____
Subtotal E	=	_____	_____	_____	_____	_____
Amount of Overpayment for Each Month	=	_____	_____	_____	_____	_____
(Lesser of Subtotal D or E)		_____	_____	_____	_____	_____

TOTAL OVERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352.12

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.